

JIM M. COPPINGER  
COUNTY MAYOR



JUSTIN STRAND  
SUPERINTENDENT  
GENERAL SERVICES DIVISION

## HAMILTON COUNTY, TENNESSEE

### REQUEST TO REVOKE BOND

THE FOLLOWING OFFENDER HAS VIOLATED THE PROGRAM GUIDELINES AS SET OUT BY THE COURT AS A CONDITION OF BOND.

DATE OF REQUEST: 6/27/2019

NAME: JANET HINDS

CRIMINAL COURT NO(S): 307487

OFFENSE(S): VEHICULAR HOMICIDE BY INTOXICATION, RECKLESS DRIVING, LEAVING THE SCENE, FAILURE TO REPORT AN ACCIDENT, FAILURE TO RENDER AID, VIOLATION OF TRAFFIC CONTROL DEVICE, SPEEDING, DRIVERS TO EXERCISE DUE CARE, FAILURE TO MAINTAIN LANE & DRIVING UNDER THE INFLUENCE

DATE ASSIGNED: 3/5/2019

PRESIDING COURT: THE HONORABLE DON POOLE, DIV. III

DATE	INCIDENT
3/05/2019	General Sessions Court assigned Ms. Hinds to house arrest with alcohol monitoring as a condition of bond through the Hamilton County Pre-Trial Services Program. Her order was amended on 3/26/19 to add GPS monitoring due to a violation of bond conditions.
3/07/2019	Ms. Hinds was transported from Core Civic to Pre-Trial Services. Her monitoring device was installed and rules of the program were reviewed and signed. Initial drug screen results were negative.
3/11/2019	Drug screen returned negative.
4/17/2019	Drug screen returned negative.
5/15/2019	Drug screen returned negative.
6/20/2019	Ms. Hinds failed to report for random drug screen this date.
6/21/2019	Ms. Hinds was contacted and instructed to report to Pre-Trial Services. She reported as instructed and her drug screen returned positive for Alcohol ETG 1674.162 ng/mL.

Respectfully submitted,

*Shannon McDonald EA*

Shannon McDonald  
Adult Probation Officer

FILED IN OFFICE  
2019 JUN 27 PM 3:32  
VANCE CLARK, CLERK  
DC

Account:	Tennessee - Hamilton County	Results:	Positive (Confirmed)
Program:	Hamilton Co. Pretrial Services	Panel Name:	Std 9 + 3 Specialty
Patient Name:	Janet Hinds	Scheduled Date:	06/21/2019
PIN:	7880679	Collection Date:	06/21/2019 13:47
Accession #:	08067887-019	Collection Location:	Hamilton County, TN Misdemeanor Community Corrections
Patient ID 2:	N/A	Date Received:	06/25/2019 10:14
Patient ID 3:	N/A	Date Reported:	06/25/2019 18:42
Case Worker:	Shannon McDonald	Confirmation Order:	06/25/2019 18:45
Collected By:	Shannon McDonald	Confirmation Reported:	06/27/2019 12:21
Order Type:	Random	Billed Insurance:	N

Test Class	Assay / Analyte	Result	Level	Cut-Off	ULOL	Sample Type	Testing Method
Alcohol	ETG 500	Positive	N/A	500 ng/ml	2000 ng/ml	Urine	Immunoassay
	ETG	Positive	1674.162 ng/mL	300 ng/mL	25000 ng/mL	Urine	LC-MS/MS
	ETS	Negative	N/A	100 ng/mL	25000 ng/mL	Urine	LC-MS/MS
Amphetamines	Amphetamine 1000	Negative	N/A	1000 ng/ml	5000 ng/ml	Urine	Immunoassay
	Methamphetamine	Negative	N/A	500 ng/ml	2000 ng/ml	Urine	Immunoassay
Barbiturates	Barbiturate 200	Negative	N/A	200 ng/ml	800 ng/ml	Urine	Immunoassay
Benzodiazepines	Benzodiazepine 200	Negative	N/A	200 ng/ml	1000 ng/ml	Urine	Immunoassay
Cannabinoids/Natural	Cannabinoid 20	Negative	N/A	20 ng/ml	200 ng/ml	Urine	Immunoassay
Cocaine	Cocaine 300	Negative	N/A	300 ng/ml	1000 ng/ml	Urine	Immunoassay
Fentanyl	Fentanyl	Negative	N/A	2 ng/ml	16 ng/ml	Urine	Immunoassay
Methadone	Methadone 300	Negative	N/A	300 ng/ml	1000 ng/ml	Urine	Immunoassay
Opiates	Heroin 10	Negative	N/A	10 ng/ml	20 ng/ml	Urine	Immunoassay
	Opiate 300	Negative	N/A	300 ng/ml	1000 ng/ml	Urine	Immunoassay
Propoxyphene	Propoxyphene 300	Negative	N/A	300 ng/ml	1000 ng/ml	Urine	Immunoassay
Validity	Creatinine	Normal	N/A	20 mg/dL	400 mg/dL	Urine	Immunoassay

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**Notes:**

1. **Upper Limit of Linearity (ULOL)**- Numeric values above the upper limit of quantitation are not reported. If the amount reported is the same as the upper limit of quantitation, the concentration in the sample is at or above this level.
2. I certify I am employed by averhealth as a laboratory technician and performed the analysis and data review of the specimen contained in this report. My education, training and experience qualify me to perform the tests and certify the results. Immunoassay testing was performed to screen the specimen and LC-MS/MS (liquid chromatography double mass spectrometry) was performed to confirm the specimen for the absence or presence of a substance. These techniques are the most widely used methods of laboratory testing throughout the world and are the most accurate tests for this particular drug. Operating procedures and protocols established by the Clinical Laboratory Improvement Amendments accreditation program were followed during the testing process and I certify that the test results are reliable and accurate. I acknowledge that submission of false information may subject me to prosecution for the criminal offense of perjury. Certifying Technician: Patrick Bell
3. Laboratory confirmation testing via LC-MS/MS or a comparable testing method should be completed on any positive results prior to taking judicial, employment, or similar action. All LC-MS/MS testing methods performed at averhealth are laboratory developed test methods.
4. **averhealth Collections Statement**- Sample collected met all requirements for proper temperature and other possible adulteration indicators.
5. **Frozen Storage**- Non-negative samples will be sealed in the original container, properly marked for identification, and locked in frozen storage for 30 days from the date of collection.
6. **Testing Performed by** - Avertest, LLC d/b/a averhealth, 4709 La Guardia Drive St. Louis , MO; 63134
7. This collection was Observed